

CPT/ HCPCS	Mod	Description	Status	Fee Screen	Parameters
90772		THER/PROPH/DIAG INJ, SC/IM	A	\$10.55	LIMITED TO 5 PER MONTH
90801		PSY DX INTERVIEW	A	\$86.77	LIMITED TO 1 PER MONTH
90802		INTERACTIVE PSY DX INTERVIEW	A	\$92.15	LIMITED TO 1 PER MONTH
90804		PSYCHOTHERAPY, 20-30 MIN	A	\$37.25	LIMITED TO 10 PER MONTH
90805		PSYCHOTHERAPY, 20-30 MIN W/ E&M	A	\$40.91	LIMITED TO 10 PER MONTH
90806		PSYCHOTHERAPY, 45-50 MIN	A	\$55.98	LIMITED TO 10 PER MONTH
90807		PSYCHOTHERAPY, 45-50 MIN W/ E&M	A	\$59.64	LIMITED TO 10 PER MONTH
90808		PSYCHOTHERAPY, 75-80 MIN	A	\$83.54	LIMITED TO 10 PER MONTH
90809		PSYCHOTHERAPY, 75-80, W/ E&M	A	\$86.55	LIMITED TO 10 PER MONTH
90810		INTERACTIVE PSYCHOTHERAPY, 20-30 MIN	A	\$40.26	LIMITED TO 10 PER MONTH
90811		INTERACTIVE PSYCHOTHERAPY, 20-30, W/ E&M	A	\$45.00	LIMITED TO 10 PER MONTH
90812		INTERACTIVE PSYCHOTHERAPY, 45-50 MIN	A	\$60.28	LIMITED TO 10 PER MONTH
90813		INTERACTIVE PSYCHOTHERAPY, 45-50 MIN W/ E&M	A	\$63.51	LIMITED TO 10 PER MONTH
90814		INTERACTIVE PSYCHOTHERAPY, 75-80 MIN	A	\$87.41	LIMITED TO 10 PER MONTH
90815		INTERACTIVE PSYCHOTHERAPY, 75-80 W/ E&M	A	\$90.00	LIMITED TO 10 PER MONTH
90846		FAMILY PSYCHOTHERAPY W/O PATIENT	A	\$54.26	LIMITED TO 10 PER MONTH
90847		FAMILY PSYCHOTHERAPY W/ PATIENT	A	\$66.31	LIMITED TO 10 PER MONTH
90853		GROUP PSYCHOTHERAPY	A	\$18.30	LIMITED TO 10 PER MONTH
90862		MEDICATION MANAGEMENT	A	\$29.50	LIMITED TO 5 PER MONTH
92506		SPEECH/HEARING EVALUATION	A	\$75.14	LIMITED TO 1 IN 90 DAYS
92507		SPEECH/HEARING THERAPY, INDIVIDUAL	A	\$35.52	LIMITED TO 8 PER MONTH
92508		SPEECH/HEARING THERAPY, GROUP	A	\$16.79	LIMITED TO 8 PER MONTH
96101		PSYCHO TESTING BY PSYCH/PHYS	A	\$55.12	LIMITED TO 1 IN 90 DAYS
96102		PSYCHO TESTING BY TECHNICIAN	A	\$25.19	LIMITED TO 1 IN 90 DAYS
96103		PSYCHO TESTING ADMIN BY COMP	A	\$15.93	LIMITED TO 1 IN 90 DAYS
96116		NEUROBEHAVIORAL STATUS EXAM	A	\$61.79	LIMITED TO 1 IN 90 DAYS
96118		NEUROPSYCH TST BY PSYCH/PHYS	A	\$73.85	LIMITED TO 1 IN 90 DAYS
96119		NEUROPSYCH TESTING BY TECH	A	\$37.68	LIMITED TO 1 IN 90 DAYS
96120		NEUROPSYCH TST ADMIN W/COMP	A	\$27.34	LIMITED TO 1 IN 90 DAYS
97003		OT EVALUATION	A	\$46.07	LIMITED TO 2 PER YEAR
97004		OT RE-EVALUATION	A	\$27.77	LIMITED TO 2 PER YEAR
97533		SENSORY INTEGRATIVE TECHNIQUES, EACH 15 MIN	A	\$14.86	MAXIMUM OF 2 SESSIONS PER MONTH; EACH SESSION UP TO 4 UNITS
97802		MEDICAL NUTRITION THERAPY, EACH 15 MIN	A	\$10.33	MAXIMUM OF 2 SESSIONS PER YEAR; EACH SESSION UP TO 4 UNITS

97803		MEDICAL NUTRITION THERAPY RE-ASSESSMENT, EACH 15 MI	A	\$10.33	MAXIMUM OF 5 SESSIONS PER MONTH; EACH SESSION UP TO 4 UNITS
H0001		ALCOHOL AND/OR DRUG ASSESSMENT	A	\$159.62	LIMITED TO 1 IN 90 DAYS
H0002		BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION FOR TREATMENT PROGRAM	A	\$80.00	LIMITED TO 1 IN 90 DAYS
H0004		BEHAVIORAL HEALTH COUNSELING & THERAPY; PER 15 MIN.	A	\$23.51	LIMITED TO 26 UNITS PER MONTH
H0005		ALCOHOL AND/OR DRUG SERVICES; GROUP COUNSELING BY A CLINICIAN	A	\$57.51	LIMITED TO 5 SESSIONS PER MONTH
H0015		ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT	A	\$103.21	LIMITED TO 31 SESSIONS PER MONTH
H0018		BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL	A	\$202.56	LIMITED TO 14 DAYS PER MONTH
H0031		MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	A	\$297.47	LIMITED TO 1 IN 90 DAYS
H0036		COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT (HOME BASED SERVICES), FACE-TO-FACE; PER 15 MIN	A	\$66.74	LIMITED TO 90 UNITS PER MONTH
H2011		CRISIS INTERVENTION SERVICE, PER 15 MIN	A	\$59.38	LIMITED TO 48 UNITS PER MONTH
H2015		COMP COMM SUPP SVC, 15 MIN	A	\$6.40	LIMITED TO 744 UNITS PER MONTH
H2015		COMP COMM SUPP SVC, 15 MIN	A	\$9.60	<b>Holiday rate</b>
H2015	TT	COMP COMM SUPP SVC, 15 MIN > 1 PT	A	\$4.80	LIMITED TO 744 UNITS PER MONTH
H2015	TT	COMP COMM SUPP SVC, 15 MIN > 1 PT	A	\$7.20	<b>Holiday rate</b>
H2022		COM WRAP-AROUND SV, PER DIEM	A	\$340.00	MAXIMUM OF 4 PER MONTH
H2022	TT	COM WRAP-AROUND SV, PER DIEM MORE THAN ONE PATIENT	A	\$255.00	MAXIMUM OF 4 PER MONTH
M0064		MONITORING OR CHANGING DRUG PRESCRIPTIONS	A	\$15.50	LIMITED TO 5 PER MONTH
S5111		HOME CARE TRAINING, FAMILY; PER SESSION	A	\$150.00	LIMITED TO 4 PER MONTH
S5145		CHILD FOSTER CARE, TH PER DIEM	A	\$110.00	
S9470		NUTRITIONAL COUNSELING, DIETITIAN VISIT	A	\$24.48	LIMITED TO 13 PER MONTH
T1001		NURSING ASSESSMENT/ EVALUATION	A	\$46.17	LIMITED TO 1 IN 90 DAYS
T1005		RESPIRE CARE SVC, UP TO 15 MIN	A	\$6.40	LIMITED TO 1248 UNITS PER MONTH
T1005		RESPIRE CARE SVC, UP TO 15 MIN	A	\$9.60	<b>Holiday rate</b>
T1005	TT	RESPIRE CARE SVC, UP TO 15 MIN > 1 PT	A	\$4.80	LIMITED TO 1248 UNITS PER MONTH
T1005	TT	RESPIRE CARE SVC, UP TO 15 MIN > 1 PT	A	\$7.20	<b>Holiday rate</b>
T2036		THERAPEUTIC CAMPING, OVERNIGHT; EACH SESSION	A	\$1,400.00	MAXIMUM OF 3 SESSIONS PER YEAR
T2038		COMMUNITY TRANSITION; PER SERVICE	A	\$0.01	LIMITED TO 1 IN 3 YEARS SERVICES ARE AUTHORIZED BY CMHSP